

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Dominick Giampaolo	COURT CASE NUMBER 07C7154
DEFENDANT Terry McCann, et al.	TYPE OF PROCESS S/C

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Lt. Franklin, Correctional Lieutenant, Stateville Correctional Center
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SCC, C/O K. Sandlin, Legal Dept. P.O. Box 112, Joliet, IL 60434

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Dominick Giampaolo, R-04860 Danville-DCR 3820 East Main Street Danville, IL 61834	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 16
	Check for service on U.S.A. 0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldAPR 08 2008 EDA
4-8-08MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02-19-08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 11/16	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TD	Date 02-19-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) RECEIVED signed waiver from Lt. Franklin + receipt of certified delivery (green card)	Date of Service 3/26/08
	Time pm
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee —	Total Mileage Charges (including endeavors) —	Forwarding Fee 9.85	Total Charges 9.85	Advance Deposits —	Amount owed to U.S. Marshal or 9.85	Amount of Refund —
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REMARKS:
MCM w/waiver 7007 0710 0000 9600 0943

UNITED STATES DISTRICT COURT

(DISTRICT)

Waiver of Service of Summons

TO: Dominick Giampaolo

(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

I, Lt. Franklin

(DEFENDANT NAME)

acknowledge receipt of your request that I waive

service of summons in the action of Dominick Giampaolo vs. Terry McCann, et a.

(CAPTION OF ACTION)

which is case number 07C7154

(DOCKET NUMBER)

in the United States District Court for the

Northern District of Illinois

(DISTRICT)

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

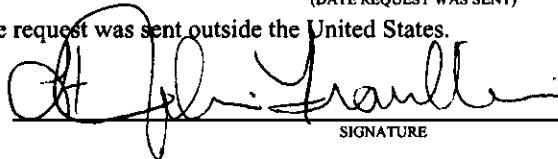
I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after February 19, 2008

(DATE REQUEST WAS SENT)

or within 90 days after that date if the request was sent outside the United States.

3/26/08

DATE



SIGNATURE

Printed/Typed Name: C/Lt. Johnnie Franklin

As _____ of _____

TITLE

CORPORATE DEFENDANT

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown to its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against the defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

FILED
APR 08 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature x <i>I. Allen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Stateville Correctional Center C/O Kathy Sandlin, Legal Dept. P.O. Box 112 Joliet, IL 60434		B. Received by (Printed Name) <i>I. Allen</i>	C. Date of Delivery
		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0710 0000 9600 0993	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

UNITED STATES POSTAL SERVICE


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States Marshals Service
219 S. Dearborn Street, Room 2444
Chicago, IL 60604
Attn: Civil

07C 7134

